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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/757,768	
	Filing Date	Jan 14, 2004	
	First Named Inventor	Littrup, Peter J.	
	Art Unit	3739	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	CD110 (040090-000110US)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Receipt Postcard
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Endocare, Inc.		
Signature	<i>Lawrence N. Ginsberg</i>		
Printed name	Lawrence N. Ginsberg		
Date	3/16/06	Reg. No.	30943

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Lawrence N. Ginsberg</i>		
Typed or printed name	Lawrence N. Ginsberg	Date	3/16/06

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/757,768
Filing Date	1/14/2004
First Named Inventor	Littrup, et al.
Art Unit	3739
Examiner Name	
Attorney Docket Number	CD110 (040090-000110US)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **33746**

☒ Please change the correspondence address for the above-identified application to:

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Customer Number: **33746**

OR

☐ Firm or
Individual Name

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Country

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

ALEXEI V. BABKIN, Director, CRYODYNAMICS, LLC

Date

3-6-06

Telephone

(505) 332-9014

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: CRYODYNAMICS, LLCApplication No./Patent No.: 10/757,768 Filed/Issue Date: 1/14/2004Entitled: CRYOTHERAPY PROBECRYODYNAMICS, LLC, a Limited Liability Company

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: PETER J. LITTRUP, ALEXEI V. BABKIN, ROBERT DUNCAN, PRAMOD KERKAR, SERGEY T. BOLDAREVTo: MEDIPHYSICS LLPThe document was recorded in the United States Patent and Trademark Office at Reel 015510, Frame 0031, or for which a copy thereof is attached.2. From: MEDIPHYSICS LLPTo: CRYODYNAMICS, LLCThe document was recorded in the United States Patent and Trademark Office at Reel 016289, Frame 0249, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.**[NOTE:** A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

3-6-06

Date

ALEXEI V. BABKIN

Printed or Typed Name

(505) 332-9014

Telephone Number

Director, CRYODYNAMICS, LLC

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.